



## **VERIFICATION OF RETIRED POLICE OFFICER FOR LIFETIME HANDGUN CARRY PERMIT**

NAME OF APPLICANT:	
POSITION HELD AT	NAME OF AGENCY
TIME OF RETIREMENT:	EMPLOYED WITH:
EMPLOYMENT VERIFICATION (completed by either Chief Law Enforcement Officer or designee)  (A) Is a retired federal, state, or local law enforcement officer, as defined in § 39-11-106.	
	irement and was POST-certified, or had equivalent training, on the date
BEGINNING DATE OF	ENDING DATE OF
EMPLOYMENT:	EMPLOYMENT:
I do hereby certify that the applicant meets the statutory requirements of T.C.A.§39-17-1351(x)(5).  I understand that making any false oral or written statement, or exhibiting any false or misrepresented identification or documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A.§39-16-702).  COMPLETED BY:  TITLE:	
DATE:	SIGNATURE:
CERVICE CHARACTER VERIFICATION (completed by Ch	siaf Law Enfausament Offices on designed
SERVICE CHARACTER VERIFICATION (completed by Chief Law Enforcement Officer or designee)  (C) Retired in good standing as certified by the chief law enforcement officer or designee of the organization from	
which the applicant retired.	chief law emore ment officer of designee of the organization from
INITIAL FOR YES IN	INITIAL FOR <u>NOT</u> IN
GOOD STANDING:	GOOD STANDING:
I de lesselve entife the state annulisment reseate the state the secretary of T.C.A. S20. 17. 1251(AVE)	
I do hereby certify that the applicant meets the statutory requirements of T.C.A.§39-17-1351(x)(5). I understand that making any false oral or written statement, or exhibiting any false or misrepresented identification or	
documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A.§39-16-702).	
COMPLETED BY:	TITLE:
DATE:	<del></del>
DATE:	SIGNATURE:
RESIDENT OF TENNESSEE VERIFICATION (completed by Driver Services Officer)	
(D) Is a resident of this state on the date of the	• • • • • • • • • • • • • • • • • • • •
DRIVER LICENSE	OR OTHER TN
NUMBER:	RESIDENT VERIFICATION:
	VERIFICATION:
I do hereby certify that the applicant meets the statutory requirements of T.C.A.§39-17-1351(x)(5).	
I understand that making any false oral or written statement, or exhibiting any false or misrepresented identification or	
9 , ,	a felony offense pursuant to the penalties of perjury. (T.C.A.§39-16-702).
COMPLETED BY:	TITLE:
DATE:	SIGNATURE: